

Nevada Automobile Insurance Rate Revisions

NV PC Form 1 - Part 2

Requested Percent Changes by Type of Coverage

<u>Type of Coverage</u>	<u>Written Premium at Current Rates</u>	<u>Requested Changes</u>	
		Percent (%)	Dollar
<i>Bodily Injury Liability</i>			
<i>Property Damage Liability</i>			
<i>Uninsured/Underinsured Motorists</i>			
<i>Medical Payments</i>			
<i>Comprehensive</i>			
<i>Collision</i>			
<i>Other (specify)</i>			
TOTAL			

Requested Effective Dates

	<u>Requested Effective Date</u>
1. New Business Effective Date	
2. Renewal Business Effective Date	

Number of Insured Vehicles

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NV PC Form 1 - Part 4

The filing summary should include tables with base rate actuarial indications, the proposed base rate adjustments (before and after class offsets), the class changes, and the proposed overall rate level adjustments, by coverage.

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NV PC Form 1 - Part 5

Provide a detailed explanation of why the filing satisfies the standards in NRS 686B.050 and NRS 686B.060.

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NV PC Form 1 - Part 6

Describe what actions have been and are being taken to contain the cost associated with automobile insurance.

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NV PC Form 2

COMPANY NAME:

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COMPANY NEVADA ID NUMBER:

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Rate Change History for the Past Five Requests

Fill out the following information regarding the five most recent rate change requests for this program in Nevada.

<u>Effective Date of Request</u>	<u>Nevada Tracking Number of Filing Containing Request</u>	<u>Requested Percent Change</u>	<u>Approved Percent Change</u>	<u>Approved Maximum Percent Change to an Individual Insured</u>	<u>Dollar Premium Change</u>

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NV PC Form 3

COMPANY NAME:

COMPANY NEVADA ID NUMBER:

Trend Factors

Coverage	Frequency Trend	Severity Trend
<i>Bodily Injury Liability</i>		
<i>Property Damage Liability</i>		
<i>Uninsured/Underinsured Motorists</i>		
<i>Medical Payments</i>		
<i>Comprehensive</i>		
<i>Collision</i>		
<i>Other (specify)</i>		

Statement regarding the filing location of support data for trend development:

Filing Document:

Page Number:

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NV PC Form 4 – Part 1.1

COMPANY NAME:

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COMPANY NEVADA ID NUMBER:

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Provide a list of the largest losses, incurred during each of the previous 5 years, for **Bodily Injury Liability coverage**.

- The top 10 Nevada insurers in terms of market share are required to provide a list of the **15** largest losses **per year** for this coverage. Additional pages may be used as necessary.
- All other insurers must provide a list of the **5** largest losses **per year** for this coverage.

Bodily Injury Liability Coverage – Largest Losses in Past 5 Years

Year	Loss Amount	Policy Limit	Status of Claim
20__			
20__			
20__			
20__			
20__			

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NV PC Form 4 – Part 1.2

Provide a list of the largest losses, incurred during each of the previous 5 years, for **Uninsured/Underinsured Motorists coverage**.

- The top 10 Nevada insurers in terms of market share are required to provide a list of the **15** largest losses **per year** for this coverage. Additional pages may be used as necessary.
- All other insurers must provide a list of the **5** largest losses **per year** for this coverage.

Uninsured/Underinsured Motorists Coverage – Largest Losses in Past 5 Years

Year	Loss Amount	Policy Limit	Status of Claim
20__			
20__			
20__			
20__			
20__			

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NV PC Form 4 – Part 1.3

Provide a list of the largest losses, incurred during each of the previous 5 years, for **Medical Payments coverage**.

- The top 10 Nevada insurers in terms of market share are required to provide a list of the **15** largest losses **per year** for this coverage. Additional pages may be used as necessary.
- All other insurers must provide a list of the **5** largest losses **per year** for this coverage.

Medical Payments Coverage – Largest Losses in Past 5 Years

Year	Loss Amount	Policy Limit	Status of Claim
20__			
20__			
20__			
20__			

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NV PC Form 4 – Part 2

Exhibit of Available Policy Limits and the Distribution of Policies by Limits

Available BI Limits	Number of Policies With These Limits		
	Current	At End of Last Calendar Year (20__)	Two Years Ago, at End of Calendar Year (20__)

Available UM/UIM Limits	Number of Policies With These Limits		
	Current	At End of Last Calendar Year (20__)	Two Years Ago, at End of Calendar Year (20__)

Available Medical Payments Limits	Number of Policies With These Limits		
	Current	At End of Last Calendar Year (20__)	Two Years Ago, at End of Calendar Year (20__)

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NV PC Form 4 – Part 3

Please provide a distribution of the number of insured vehicles having Collision coverage, Comprehensive coverage, and both coverages.

The vehicle count provided here should be consistent with the vehicle count listed on NV PC Form 1 – Part 3 and on NV PC Form 2.

1. Total Number of Vehicles	2. Number of Vehicles with Comprehensive Coverage	3. Number of Vehicles with Collision Coverage	4. Number of Vehicles with <i>Both</i> Comprehensive Coverage and Collision Coverage

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NV PC Form 5 – Part 1

Territorial Definition Page

Please provide definitions of the territories used for rating in this program. Include both zip code and city/county references.

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NV PC Form 5 – Part 2

COMPANY NAME:

COMPANY NEVADA ID NUMBER:

Ratios of Lowest to Highest Territorial Rates by Coverage

Coverage	Ratio (must be ≥ 1): (Highest Territory Factor)/ (Lowest Territory Factor)	Identifier of Highest- Rated Territory	Identifier of Lowest- Rated Territory	Highest Territory Factor	Lowest Territory Factor
<i>Bodily Injury Liability</i>					
<i>Property Damage Liability</i>					
<i>Uninsured/ Underinsured Motorists</i>					
<i>Medical Payments</i>					
<i>Comprehensive</i>					
<i>Collision</i>					